

Minutes of the Sheffield First for Health Partnership Board

7 February 2005, 1-4pm, Conference Room, Sheffield Town Hall

- Present:** Bob Kerlake, Sheffield City Council (Chair)
Andy Buck, Sheffield North PCT
Cllr Jean Cromar, Sheffield City Council
Cllr Ian Auckland, Sheffield City Council
Janet Soo-Chung, Sheffield South West PCT
Simon Gilby, Sheffield West PCT
Freda Cotterell, VCF Sector Representative
Vaun Cutts, Sheffield College
Isobel Hemmings, Sheffield Children's NHS Trust
Charlie Khan, ACT
Gary McGrogan, Sheffield City Council
Ruth Mitchell, VCF Sector Representative
Cath Roff, Sheffield City Council
Jeremy Wight, North Sheffield PCT
- Support:** Roz Davies, Health Partnership Manager
Team Kieron Williams, Healthy Cities Co-ordinator
Karen Webster, Health Partnership Team Administrator (note taker)
- Attending:** Caroline Burrows, Sheffield West PCT
Margaret Gibson, Sheffield South West PCT
Nick Pearson, SOHAS
Nick Rousseau, Sheffield First Partnership
Jasmine Warwick, Voluntary Action Sheffield
- Apologies:** Professor Rhiannon Billingsley, Sheffield Hallam University
Helen Fentimen, Sheffield South East PCT
Steve Hambleton, Royal Society for the Blind
Denzil Hart, Sheffield West PCT
Liz Howarth, South Yorkshire Ambulance Service
Professor Allan Hutchinson, University of Sheffield
Karl Tupling, Sheffield City Council
Nigel West, Voluntary Action Sheffield
Dorothy Birks, Sheffield South West PCT
Frances Cunning, Sheffield South East PCT

1. Introductions and Declarations of Interest

The members of the meeting were welcomed and introductions were made around the table. Bob Kerlake was congratulated on his knighthood.

There were no declarations of interest specific to the agenda items.

2. Local Area Agreement

Bob Kerslake gave a general update on LAA's. Andy Buck outlined the latest version of the 'Healthier Communities' block and Janet Soo Chung outlined the latest version of the 'Older People's' block.

Summary

- The LAA will be a negotiated agreement between Central Government and Sheffield focusing on the delivery of key outcomes over the next three years.
- Sheffield is one of 21 pilot LAA areas focusing on these three blocks/themes:
 - Healthier Communities and Older People
 - Children and Young People
 - Stronger and Safer Communities
- At the last meeting, Sheffield First for Health accepted responsibility for leading on the Healthier Communities and Older People block.
- Since then two well attended consultation events have been held in November and January.
- Isobel Mills from Government Office for Yorkshire and Humber is the lead 'negotiate' from Central Government. She has given positive feedback to date but further work is required.
- The **Healthier Communities** block is focusing on reducing health inequalities through focused attention on priority neighbourhoods and communities of interest. Intensive work will be carried out to develop and deliver a substantially enhanced public health framework using a business case approach.
- The **Older People's** block focuses on two key areas:
 - Citizenship and inclusion of the aging population
 - Re-engineering services for older peopleThe LAA is being used as a mechanism to drive these two agendas forward. Areas such as isolation, income, physical activity and inter-generational work should be considered.

Discussion

- The numbers of priority neighbourhoods and communities of interest for the purposes of the LAA need to take into account resources available and Closing the Gap/health inequalities information provided by the Successful Neighbourhoods Information System. Suggested numbers ranged from 10% to 1/3 of the population.
- It is important to recognise in the LAA the existing and potential contribution of the community, voluntary and faith sector.
- It is important to acknowledge that focused attention on health inequalities may take considerable time to impact on the high level outcomes, eg, life expectancy. However, we can use short-term directional/linked indicators, eg, smoking cessation to show that we are turning the curve on health inequalities.
- Need to build on the wealth of work and experience already in existence, eg, healthy living centres.
- Need to ensure that income is considered as part of the delivery of the Older People's section.

Governance

- The Public Health Partnership Board will be responsible for the development and delivery of the Healthier Communities strand.

- The Older People's Partnership Board will be responsible for the development and delivery of the Older People's section.
- Sheffield First for Health will have the responsibility for strategic decisions and for ensuring the Healthier Communities and Older People's block achieves the vision and outcomes, which have been agreed.
- Sheffield First for Health will report to the Citywide Steering Group.

Action:

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| • Identify priority neighbourhoods and communities of interest. | AB/PHPB |
| • Ensure recognition of community, voluntary and faith sector in the LAA. | AB/RD |
| • Future drafts and final submission to be circulated. | RD |

3. Review of Sheffield First

Nick Rousseau presented the proposals for the Sheffield First City Strategy and structure review.

Summary

- New 'drivers' identified for the upcoming strategy are as follows:
 - Key policy challenges
 - What needs to be improved
 - Regeneration or management
 - City region
 - Sustainability
 - Distinctiveness
- SF Board will be approving the revised structure on 9 March. This will be followed by the development of the strategy and a consultation period. The final draft will be agreed by SF Board in July with publication in September.
- Health of the city as a whole has kept pace with national improvements. Comparison with other cities could be used to illustrate this. Therefore continuing focus on health inequalities is the right thing to target and should be highlighted more.
- The health element of the strategy should be linked to the LAA and Healthy Cities work to which the Partnership is committed.
- It was proposed that this Partnership Board be retitled, 'Health and Well-being' and that the remit would cover:
 - To champion the development of work towards the city's aspiration to have a healthy population and to advise the Sheffield First Partnership on what should be included within the City Strategy to reflect this.
 - To deliver the outcomes agreed within the Health and Older People section of the Local Area Agreement.
 - To reduce health inequalities through interventions drawing on the resources of the health and related services organisations?
 - To collaborate with the Neighbourhoods partnership on improving health service delivery and outcomes in the worst wards.
 - To monitor progress in reducing health inequalities and report on this to the City Strategy Board
 - To ensure that all actions and services are inclusive and deliver plans within the Social Inclusion Strategy that apply to them.
 - To improve health throughout the city.

- To oversee all health issues?
- To develop first class health and social care services?

Structure

- Some changes to the existing structure have been proposed including acknowledgement of the delivery and strategic role of some of the Partnership Boards, e.g. Sheffield First for Health will be seen as a largely delivery based Partnership.
- New Boards include Environment and Cosmopolitan on the advisory/strategic side and Creative Sheffield on the delivery side. The latter will incorporate culture and sport, learning and work, marketing, infrastructure and Sheffield One.

Discussion

- There will a process for filling places on these Boards (in collaboration with OFFER) to ensure diversity in representation.
- Would the new Board be purely advisory? For example, if the Environment Board could not action changes, this would be cause for concern. It is intended that the Board have a more specific remit, which will include the authority to action projects, but will be less involved in service delivery. The possible impact this might have on the Environment Board was noted.
- The Sheffield First for Health Partnership brand is very powerful and should be used appropriately.
- There was concern and discussions about the terminology within the strategy. For example, inclusion/inclusive and cosmopolitan/culture. It was suggested that some communities/issues may be excluded under this terminology. It was agreed that Terms of Reference should be drafted to define these terms and to avoid any misinterpretation.

Action: To continue to develop the health element of the review

ALL

4. Minutes of the Meeting held on 9 November 2004

- Vaun Cutts mentioned that the reference to the Sheffield College as 'a Centre for Vocational Excellence in Health and Social Care' should be amended.
- Otherwise the minutes were agreed as a true and correct record.

5. Matters Arising

Action: The Healthy Cities Work Plan will be reported at the next meeting.

KW

6. Strategy for Maternal Health

This item was deferred until the next meeting. Any detailed comments would be welcomed by Helen Fentimen.

7. Any Other Business

There were no further items.

8. Date and time of next meeting:

Friday 15 April, 2.00-5.00pm, Sheffield Town Hall.